

Department of Social Services
Office of Licensing and Accreditation
3900 W Technology Circle, Suite 1
Sioux Falls, SD 57106

Plan of Correction

Program Name: Main Gate Counseling Service		Date Submitted:		7	
				Date Due:	
		3/3/	12021	04/07/2021	
Administrative POC-1  Rule #: Rule Statement: Fach agonov shall be a second to be					
67:61:04:01	1 Cuttoment, Eduli ducilly Slight Have a holloy and propodure manual to a tell to the				
Area of Noncor	mpliance:				
л И и	Main Gate Counseling Service's policy and proce which were replaced December 5, 2016. The las updated.	t review it v	rence old A vas noted it	RSD 46:05 needed to be	
Corrective Action (policy/procedure, training, environmental changes,			Anticipated Date		
D MEET ARSD Rules / Regulations.			Achieved/Implemented:		
Supporting Evidences The plant Als Device In Color			Date Oct 2021		
Supporting Evidence: The NEW ARSD Reiles / Regulations Will BE REVIEWED and Changes with The facility Policies 3 Procedures Will BE update, by The Director, Review Wkly until Updated, How Maintained:  The Director Will Review ARSD Rules Duartuly 3 be Phiaseted at The Director Will Bental beautifuly 3 be			Position Responsible:		
Will Be hadite by Director					
How Maintained:					
The Director Will REVIEW ARSD Rules Duantuly 3 be			Board Notified:		
Presented at The Quarterly Loard mting - TO assure P3Ps  Que updated as needed			Y <b>X</b> 3/31/2		
Program Director Signature:					
riogram Director	r Signature:	-		Date:	
Cat	hy May is			3/31/2021	
Please email or send Plan of Correction to:					
	2		My	***************************************	
Department of Social Services					
Office of Licensing and Accreditation					
3900 West Technology Circle, Suite 1					
Sioux Falls, SD 5	7106			$\searrow$	
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